

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04004

Reg. Dist. No.

1. PLACE OF DEATH:

County... FrederickCity or town... Union Bridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Rural

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Union Bridge
(If outside city or town limits, write RURAL and give nearest town)Street No... Rural
(If rural, give LOCATION)

2. (a) if veteran, name war

3. (a) FULL NAME

Caroline M. Barnhart

3. (b) Social Security Number

None

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

7. (b) Name of husband

Charles H. Barnhart

7. Birth date of deceased (mo., day, yr.)

Sept. 25 - 1864

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

92728

hrs.

min.

9. Birthplace

Carroll County, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

William Swelser

13. Birthplace

Maryland

14. Maiden name

not

15. Birthplace

known

16. Informant

Mrs. Ernest Blacksten

Address

Linwood, Md.

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

May 27 - 1947
(month) (day) (year)

Cemetery or crematory

Winters Cemetery

Location

Union Bridge Road

18. Funeral director

W. D. Hartman & Sons

19.

Union Bridge & Frederick, Md

20. Date received by registrar

May 21 - 47

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 23

19

47 at 2:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 14 1947 to May 23 1947and that I last saw him/her alive on May 22 1947

Immediate cause of death

arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Legg

M. D. or other

Address

Union BridgeDate signed 5-23-47

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MAY 28 1947

BUREAU V S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

04005

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

23 East "B"How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 23 East "B"
(If rural, give LOCATION)2.(a) If veteran, name war World War I

3. (a) FULL NAME

Charles Herbert Barnhart

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mary Elizabeth McDonald6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

Feb. 1st 1888

8. AGE:

Years

59

Months

3

Days

27

If less than one day

.....hrs.min.

9. Birthplace

md.
(Town, county, and state)

10. Usual occupation

R. R. Brakman B + O

11. Industry or business

Transportation

12. Name

Charles Barnhart

13. Birthplace

md.

14. Maiden name

Anna Bracraft

15. Birthplace

md.

16. Informant

Mrs. Mary E. Barnhart

Address

Brunswick Md.

17. Burial

Burial

Date thereof

May 31, 1947
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md.

18. Funeral director

C. H. Fute & Bro

Address

Brunswick Md.

19. May 29, 1947

Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1947 at 11:30 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 30 1946 to May 28 1947and that I last saw him alive on May 26 1947

Immediate cause of death

Myocarditis

DURATION

15 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Barnhart
M. D. or other
Address Brunswick Md. Date signed 5/29/47

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JUN 2 1947
BUREAU V 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04006

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 9/11/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 9/11/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Washington**
City or town **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **324 E. Franklin**
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Sarah Jane Barton

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
6. (b) Name of husband or wife
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) **February 19, 1929**
8. AGE: Years **18** Months **2** Days **13** If less than one day..... hrs. min.

9. Birthplace **Williamsport, Md.**
(Town, county, and state)
10. Usual occupation **Waitress**
11. Industry or business
12. Name **Lawrance Barton**
13. Birthplace **Hagerstown, Md.**
14. Maiden name **Hazel Hawbaker**
15. Birthplace **Williamsport, Md.**
16. Informant **Deceased**

Address
17. **Burial** Date thereof **May 4, 1947**
(Burial, cremation, or other. Which?) (month) (day) (year)
Cemetery or crematory **Rose Hill Cemetery**
Location **Hagerstown, Md.**
18. Funeral director **A. K. Coffman**
Address **Hagerstown, Md.**
19. **May 2** 19 **47**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH **May 2** 19 **47** at **2:20 A. M.**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 11** 19 **46** to **May 2** 19 **47**
and that I last saw h..... alive on..... 19.....

Immediate cause of death **Pulmonary Tuberculosis** DURATION **15 Mos.**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE **P. G. Davis** M. D. **KRM**
Address **State Sanatorium, Md.** Date signed **5/2/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

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MAY 3 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days
Hospital, institution or street address where death occurred:
Fredrick Memorial Hospital

How long in hospital or institution? 10 days

3. (a) FULL NAME

W. Sherman O. Borch

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Hazel Corder

7. Birth date of deceased (mo., day, yr.) Sept. 1909 6. (c) If alive, give age 34 years

8. AGE: Years 37 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation B & O R.R. Machinist

11. Industry or business Rail Road

12. Name Charles H. Borch

13. Birthplace Md.

14. Maiden name Grace W. Thompson

15. Birthplace Md.

16. Informant Frederick Borch

Address Brunswick Md

17. Burial Date thereof 5-6-47
(Burial, cremation, or removal, Whichever) (month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick Md

18. Funeral director C. H. Fiete & Son

Address Brunswick Md

19. 3 May 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. East 10 St
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 47 at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 19 47 to May 3 19 47
and that I last saw him alive on May 3 19 47

Immediate cause of death Acute Nephritis DURATION 3 days

Due to _____

Due to _____

Other conditions One dental ulcer 1 mo

Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings of operations None

_____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Pearce M.D.
M. D. or other _____

Address Frederick Md Date signed 5/6/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15 9-45-15M

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MAY 6 1947
SECRET

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? less than 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Kemptown
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. F. D. Monrovia,
(If rural, give LOCATION)
None
2.(a) If veteran, name war.....

3. (a) FULL NAME
Leonard F. Burke

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Annie L. Burke
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1886
8. AGE: Years 60 Months 9 Days 1 If less than one day
hrs. min.

9. Birthplace Montgomery County, Maryland.
(Town, county, and state)
10. Usual occupation Retired farmer

11. Industry or business

12. Name Franklin G. Burke
13. Birthplace Maryland

14. Maiden name Lillie J. Hartsock
15. Birthplace Maryland

16. Informant Mrs. Annie L. Burke
Address Monrovia, Maryland.

17. Burial Date thereof May 25, 1947
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Methodist Church Cemetery
Location Kemptown, Maryland.

18. Funeral director Roy W. Barber
Address Laytonsville, Maryland.

19. 24 May 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1947, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1943, to May 22, 1947, and that I last saw him alive on May 22, 1947.

Immediate cause of death Cerebral hemorrhage DURATION 2 days
Due to Cerebral arterio-sclerosis
Due to Generalized arterio-sclerosis
(Advanced cardio-vascular-renal ? yrs disease with marked hypertension)
Other conditions Coronary heart disease 1943
(Include pregnancy within 8 months of death) none

Major findings of operations none Date of op.

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. McKendree Boyer, M.D. or other
Address Damascus, Maryland Date signed 5-24-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 26 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04009

83a
CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County... FrederickCity or town... Monrovia
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... FrederickCity or town... Monrovia
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha Bussard.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow6.(b) Name of husband or wife Ididion A. Bussard

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec 16 - 18618. AGE: Years 86 Months 2 Days 23 if less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Henry Skagg13. Birthplace Maryland14. Maiden name Amie Marie Skagg15. Birthplace Maryland16. Informant Mrs George Main DaughterAddress Monrovia Md.17. Burial Date thereof 5/16/1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory new market cemeteryLocation new market Md.18. Funeral director W. E. Falconer.Address new market Md.19. May 8 19 47 Lucian K. Falconer

(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 7 19 47 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 28, 19 46, to May 7, 19 47and that I last saw her alive on May 7, 19 47Immediate cause of death Cerebral hemorrhage DURATION 4 daysDue to Arteria sclerosis 10 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Emmet P. Roof, M.D.Address New market, Md. Date signed May 9 1947

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1947
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

04010

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 22 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 13 9th Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Louise A. Carey

3. (b) Social Security Number

—

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed or divorced widowed
 6. (b) Name of husband or wife John Carey
 7. Birth date of deceased (mo., day, yr.) Sept 1 8. (c) If alive, give age 1882 years
 8. AGE: 64 Years 8 Months 1 Days If less than one day
64 hrs. 1 min.

9. Birthplace Pa.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name William Mushenham
 13. Birthplace Pa.
 14. Maiden name Alice
 15. Birthplace unknown

16. Informant Mrs Hyatt Reese
 Address Brunswick Md.
 17. Burial Date thereof May 6 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Allegheny
 Location Pittsburgh Pa.
 18. Funeral director C. H. Gutz + Bros
 Address Brunswick Md.
 19. 3-May 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 47, at 9 4 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Apr 20 19 47, to May 2 19 47
 and that I last saw her alive on May 2 19 47
 Immediate cause of death

Strangulated Hernia
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations Strangulated Hernia
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE E P Thome M. D. or other
 Address Frederick Md Date signed May 2 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN WELLS

PAID COMPANY

RECEIVED
MAY 6 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04011

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Carroll
 City Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Annie E. Cooley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Fred R. Cooley
 7. Birth date of deceased (mo., day, yr.) JAN. 10, 1879 6. (c) If alive, give age 78 years
 8. AGE: Years 68 Months 4 Days 18 It less than one day hrs. min.

9. Birthplace Montgomery Co. Maryland
 (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

12. Name James Holland
 13. Birthplace Maryland
 14. Maiden name MARY Johnson
 15. Birthplace Maryland

16. Informant Mr. Fred. R. Cooley
 Address Mt. Airy, Md.

17. Burial Date thereof 5-31-47
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet
 Location Frederick, Maryland

18. Funeral director C. M. Waltz
 Address Winfield, Md.

19. 28 May 19. 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19. 47 at 7:4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 19. 47 to May 28 19. 47 and that I last saw her alive on May 28 19. 47

Immediate cause of death _____

Cerebral Neurinoma

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE E. P. Johnson M. D. or other

Address Frederick, Md. Date signed May 28 47

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JUN 2 1947

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04012

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 34 Lincoln Apartments

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

LAURA MAY CRAMPTON

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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6. (b) Name of husband or wife William T. Crampton6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) November 26, 1889

8. AGE: Years <u>57</u>	Months <u>6</u>	Days <u>10</u>	If less than one day hrs. min.
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9. Birthplace Buckeystown-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name William Garner13. Birthplace Frederick County Maryland14. Maiden name Harriett Weedon15. Birthplace Frederick County Maryland16. Informant Mrs. William T. CramptonAddress 34 Lincoln Apts.-Frederick, Md.17. Burial Date thereof 5/9/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 8 May 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1947, at 5 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1947 to May 6 1947
and that I last saw her alive on May 5 1947

Immediate cause of death

Nephros-sclerosis

DURATION

1 yearDue to Generalized Arterio-sclerosis3 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bernard Hanna M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-7-47

RECEIVED

MAY 9 1947

BUREAU 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04013

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hr 20 min
Hospital, institution, or street address where death occurred:
Fredrick Memorial Hospital
How long in hospital or institution? 12 hr 20 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 709 East H. Street
(If rural, give LOCATION)
2. (a) If veteran, name war —

3. (a) FULL NAME

Infant Crinn

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) May 23, 1947 6. (c) If alive, give age — years

8. AGE: Years — Months — Days — It less than one day 12 hrs. 20 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

12. Name Carroll Crinn

13. Birthplace Virginia

14. Maiden name Ellis Thompson

15. Birthplace Maryland

16. Informant Carroll Crinn

Address Brunswick, Maryland

17. Burial Date thereof May 24, 1947
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick, Maryland

18. Funeral director C. H. Fale + Bros.

Address Brunswick, Maryland

19. 24 May 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 47 at 3:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 19 47 to — 19 —

and that I last saw him/her alive on — 19 —

Immediate cause of death Prematurity

Due to Twins & Hydranions

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

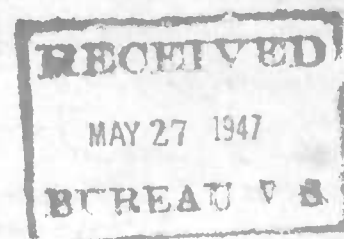
23. SIGNATURE W. B. Carpenter M. D. or other —

Address Loattnville, Va. Date signed —

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for the change of
 Year of birth is shown on

Letter on file under Emsworthy

THE CORRECT AGE
 The correct age
 of the deceased
 is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

C4014

138

HAM No. G 110 JUN 10 1947

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Pearl
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Pearl
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

ALBERT AMOS ESWORTHY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Josephine Lare
 7. Birth date of deceased (mo., day, yr.) August 11, 1876
 6. (c) If alive, give age 71 years
 8. AGE: Years 70 Months 9 Days 5 If less than one day
hrs.min.

9. Birthplace Nr. Pearl-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business
 12. Name Amos A. Esworthy
 13. Birthplace Frederick County Maryland
 14. Maiden name Malinda O'Hara
 15. Birthplace Frederick County Maryland
 16. Informant Mrs. Josephine Esworthy
 Address R. F. D. #1, Frederick, Md.
 17. Burial Date thereof 5/18/47
 (Burial, cremation, or removal. Which?) (month) (day) (yes r)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 16 May 1947 Lucian K. Falconer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1947 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15th 1947 to May 16th 1947
 and that I last saw him alive on May 16th 1947

Immediate cause of death Common Thrombosis
 DURATION 5-6 years

Due to Arteriosclerosis
 Due to

Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE F. H. Heggen M. D.
Frederick, Maryland
 Address Date signed 5-16-47

RECEIVED

JUN 4 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04015

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/31/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/31/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Cardiff
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Evans

3. (b) Social Security Number

176-01-3289

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteSingle

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

August 29, 1880

8. AGE: Years Months Days It less than one day

6686

_____ hrs. _____ min.

9. Birthplace Harford County, Md.
(Town, county, and state)10. Usual occupation Telephone Linesman

11. Industry or business _____

12. Name Robert E. Evans
13. Birthplace Wales14. Maiden name Jane Rowlands
15. Birthplace Wales16. Informant Deceased
Address _____17. Burial Date thereof 5/8/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery XXXXX Slateville
Location Delta, Pa.18. Funeral director Hubert P. Harkins
Address Delta, Pa.19. May 5 19 47
(Date rec'd by registrar) Registrar JB Ann

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 47 12:25AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 31 19 46 to May 5 19 47
 and that I last saw him alive on May 5 19 47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

10 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. E. Evans M. D. XXXXAddress State Sanatorium, Md. Date signed 5/5/47

RECEIVED

MAY 7 1947

BUREAU 78

Reg. Dist. No. 152

Address Farmville Md Date signed May 30, 1961

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEPT. OF JUSTICE

RECEIVED

RECEIVED

RECEIVED
JUN 4 1947
BUREAU V S.

100-15-1011
Handwritten notes and signatures at the bottom of the page.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04017

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 58 years 7 days
Hospital, institution, or street address where death occurred:Frederick Memorial Hospital
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 19 West B St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Fete, Mr. Chas. H.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Clara B. Roller

7. Birth date of deceased (mo., day, yr.)

May 4 1867

6. (c) If alive, give age years

8. AGE:

Years 80 Months 0 Days 8 If less than one day
.....hrs.min.

9. Birthplace

Middletown Maryland
(Town, county, and state)

10. Usual occupation

Funeral Director

11. Industry or business

Funeral

FATHER

12. Name

Henry C. Fete

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Elizabeth Mull

15. Birthplace

Maryland

16. Informant

B. Lee Fete

Address

Brunswick Md.

17.

Burial Date thereof May 14 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Reformed

Location

Middletown Maryland

18. Funeral director

C. H. Fete + Bros

Address

Brunswick Md.

19.

13 May 1947
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 12 1947, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5 1947 to May 12 1947and that I last saw him alive on May 12 1947

Immediate cause of death

Intestinal Obstruction

DURATION

1 mo.

Due to

Cause of Sigmoid

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. A. Pearse M.D.
Frederick, Md M. D. or other
Address Frederick, Md Date signed 5/12/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 14 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830

C4018

Reg. Dist. No. 140

1. PLACE OF DEATH:

County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Catharine Elizabeth Fogle

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Chas. H. Fogle & M.7. Birth date of deceased (mo., day, yr.) Jan 5, 18708. AGE: Years 77 Months 3 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co. Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name William H. Fogle13. Birthplace Frederick Co. Md.14. Maiden name Catharine Turner15. Birthplace Frederick Co. Md.16. Informant Mrs. Ray SylineAddress Woodsboro, Md.17. Burial Date thereof May 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rocky HillLocation near Woodsboro, Md.18. Funeral director Buell & Harty, Inc.Address Woodsboro, Md.19. May 19, 1947 L. C. Kowale
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 1947, at 8 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Nov 1947 to 16 May 1947 and that I last saw him/her alive on 17 May 1947Immediate cause of death Cerebrovascular vascular accidentDue to Hypertensive cardiovascular diseaseDue to Obesity

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James E. Stoner, Jr. M.D.Address Waldersville Date signed 19 May 47

DURATION

12 hours5 yrsLife

RECEIVED

JUN 3 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **144**

04019

1. PLACE OF DEATH:

County **Frederick**
City or town **Catoctin Furnace**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **2 months**
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Frederick**
City or town **Catoctin Furnace**
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Gary Robert Foreman

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) **October 15, 1946** 6. (c) If alive, give age _____ years

8. AGE: Years **7** Months **I4** Days **I4** If less than one day _____ hrs. _____ min.

9. Birthplace **Thurmont, Frederick Co., Md.**
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name **David Foreman**

13. Birthplace **Taneytown, Md.**

14. Maiden name **Pauline M Sunday**

15. Birthplace **Thurmont, Md.**

16. Informant **Mrs. David Foreman**

Address **Thurmont, Md. R.F.D.**

17. (Burial, cremation, or removal. Which?) **Burial** Date thereof **May 31, 1947**
(month) (day) (year)

Cemetery or crematory **Mt. Tabor Cemetery**

Location **Rocky Ridge, Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Md.**

19. **May 31** 19 **47** **Blanche Seyler**
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 29, 1947** **7:30 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 27** 19 **47** to **May 29** 19 **47**

and that I last saw him alive on **May 28** 19 **47**

Immediate cause of death **gastro-enteritis, acute** DURATION **1 wk.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **M. Franklin Bish MD** M. D. or other _____

Address **Thurmont, Md.** Date signed **May 30, 1947**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 2 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04020

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 hours

Hospital, institution, or street address where death occurred:

Fredrick City Hospital
 How long in hospital or institution? 16 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Arlington
 City or town Arlington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3617 S 9th & Monroe S
 (If rural, give LOCATION)

2.(a) If veteran, name war

(If rural, give LOCATION)

1st World War

3.(a) FULL NAME

Callie P Francis

3.(b) Social Security Number

577-20-9123

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Sadie Parker Francis6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

Unknown

8. AGE:

Years

55

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Tampa Florida
(Town, county, and state)

10. Usual occupation

Wife

11. Industry or business

May flower Hotel

12. Name

Unknown

13. Birthplace

"

14. Maiden name

"

15. Birthplace

"

16. Informant

Louis C. Parker

Address

7740 Fredrick Rd Hyattsville Md

17.

Burial

Date thereof

5/25/47
(month) (day) (year)

Cemetery or crematory

Fort Lincoln

Location

Maryland

18. Funeral director

Harry P. Canty Co

Address

Fredrick, Md.

19.

23 May 19 47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 19 47 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 19 47 to May 22 19 47
 and that I last saw him live on May 22 19 47

Immediate cause of death

Coronary occlusion

DURATION

16 hrs.

Due to

asthma

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P.W. Bauer

Address

Fredrick, Md.

Date signed

May 23 1947

DR. R. W. BAER
 DEPUTY MEDICAL REGISTRAR

RECEIVED

CERTIFICATE OF DEATH

ADDITIONAL INFORMATION

RECEIVED

MAY 24 1947

BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

04021

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/18/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/18/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll
City or town Westminster
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. 3
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ray E. Franklin

3. (b) Social Security Number

220-07-9466

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 2, 1915

8. AGE: Years 31 Months 10 Days 0 If less than one day..... hrs. min.

9. Birthplace Mitchell County, N.C.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business.....

12. Name John Franklin

13. Birthplace North Carolina

14. Maiden name Bell Campbell

15. Birthplace North Carolina

16. Informant Deceased

Address.....

17. Burial Date thereof May 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Airy, N. B.

Location Millers, Md.

18. Funeral director Jacob Winks & Sons

Address Manchester, Maryland

19. May 2, 47 Registrar J. H. [Signature]

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1947 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1946 to May 2 1947 and that I last saw him alive on May 2 1947

Immediate cause of death Pulmonary Tuberculosis DURATION 24 Mos.

Due to.....

Due to.....

Other conditions Diabetes Mellitus 8 Yrs.

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury Injured at work?

23. SIGNATURE P. L. Ballin M. D. XXX

Address State Sanatorium, Md. Date signed 5/3/47

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 7 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 14 days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution?..... 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... No

3. (a) FULL NAME

Robert T. Ellsworth Fry

3. (b) Social Security Number

220-09-8140

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

Male white Married6. (b) Name of husband or wife..... Ethel Wastler Fry.

7. Birth date of deceased (mo., day, yr.)..... September 14, 1894
 6. (c) If alive, give age..... 51 years

8. AGE: Years..... 52 Months..... 8 Days..... 3
 If less than one day..... hrs. min.

9. Birthplace..... Thurmont, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation..... Plasterer

11. Industry or business

12. Name..... Eli A. Fry
 13. Birthplace..... Virginia.

14. Maiden name..... Ann V. Stouffer
 15. Birthplace..... Thurmont, Md.

16. Informant..... Floyd Fry
 Address..... Thurmont, Md.

17. Burial..... May 20, 1947
 (Burial, cremation, or removal, which).....
 Date thereof..... (month) (day) (year)
 Cemetery or crematory..... United Brethren
 Location..... Thurmont, Md.

16. Funeral director..... M. L. Creager & Son
 Address..... Thurmont, Md.

19. 20 May 19 47..... Elizabeth G. Heck
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 17 19 47, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 19 47, to May 17 19 47
 and that I last saw him alive on May 16 19 47

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

2 weeksDue to..... Arterial Sclerosis5 years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Morris B. Berish M.D.

Address..... Thurmont - Md M. D. or other.....
 Date signed..... 5/18/47

RECEIVED

MAY 22 1947

BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33
 Hospital, institution, or street address where death occurred:
14 East 2nd St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 East 2nd St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME Herbert Emory Gosnell 3. (b) Social Security Number 215-18-1180

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 8. (b) Name of husband or wife Orie Schmidt Shull 6. (c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) Oct 21 1882
 8. AGE: Years 64 Months 7 Days 9 If less than one day
hrs.min.

9. Birthplace Baltimore County, Md
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business WPA Supervisor
 12. Name Charles Gosnell
 13. Birthplace Balt. Co, Md
 14. Maiden name Clara Louise Zimmerman
 15. Birthplace Carroll Co Md

16. Informant Orie Gosnell
 Address Frederick, Md
 17. Burial Date thereof 6/1/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet
 Location Frederick Md
 18. Funeral director Harry E. Gault Co
 Address Frederick, Md
 19. 31 May 19 47 Elizabeth G. Heide
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 19 47, at 11 A:M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1 19 47 to May 30 19 47
 and that I last saw him alive on May 30 19 47
 Immediate cause of death

Intestinal obstruction DURATION 2 days
 Due to
Cancer of Colon
 Due to
Other conditions: Hypertension, Diabetes, 1 yr.
Intestinal Obstruction, Heart Disease.
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. J. Casse M.D. M. D. or other
Frederick, Md Date signed 5/31/47
 Address

RECEIVED
JUN 2 1947
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Purcell Walpersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

George H. Graham

3. (b) Social Security Number

✓

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lillian Scheeley

7. Birth date of deceased (mo., day, yr.)

12 17 1890

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

56511

hrs.

min.

9. Birthplace

Frederick County
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Charles E. Graham

13. Birthplace

Frederick County

14. Maiden name

Cllice Ecker

15. Birthplace

Frederick County

16. Informant

Mrs. Lillian Graham

Address

Walpersville Md

17. Burial

Burial
(Burial or cremation, which?)

Date thereof

5 31 1947
(month) (day) (year)

Cemetery or crematory

Mt Hope

Location

Waldersville

18. Funeral director

E. C. Barton

Address

Walpersville Md

19. Date rec'd by registrar

29 May 1947Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 28 19 47 at 11 20 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 47 19 47 to May 28 19 47
and that I last saw him alive on May 27, 47 19 47

Immediate cause of death

Carcinomatosis
Primary lesion
probably head of
pancreas

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

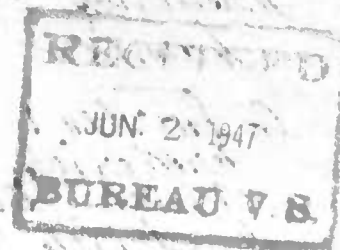
Injured at work?

23. SIGNATURE

W. E. Osterday
Waldersville, Md Date signed May 28, 47

D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77 97

CERTIFICATE OF DEATH

04025

Reg. Dist. No. 131

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4/ Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

54

10

21

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

1947, at 12

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 1947, to May 8 1947

and that I last saw him alive on May 8 1947

Immediate cause of death.....

Coronary
Fibrillation
with thrombosis
left leg

Due to.....

Arterio sclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

5/9/47

RECEIVED

MAY 12 1947

BUREAU S. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 10/4/43
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 10/4/43

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 384 N. Prospect
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Raymond S. Grimm

3. (b) Social Security Number

215-14-2262

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

5. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 24, 1924

8. AGE: Years 22 Months 5 Days 18 If less than one day hrs. min.

9. Birthplace Hagerstown, Maryland
(Town, county, and state)

10. Usual occupation Aircraft Inspector

11. Industry or business

12. Name Walter Grimm

13. Birthplace Washington County, Md.

14. Maiden name Edith Stouffer

15. Birthplace Frederick County, Md.

16. Informant Deceased

Address

17. Burial Date thereof May 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown, Md.

18. Funeral director Coffman Funeral Home

Address Hagerstown, Maryland

19. May 13 19 47
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 47 at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 4 19 43 to May 12 19 47 and that I last saw him alive on May 12 19 47

Immediate cause of death Tuberculous Meningitis DURATION 3 Wks.

Due to Pulmonary Tuberculosis 53 Mos.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Bacon M. D. XXXX

Address State Sanatorium, Md. Date signed 5/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 16 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Ijamsville - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway Route #240 Nr. Urbana

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Ijamsville - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

CARL RICHARD HAMILTON, JR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 19, 1928

8. AGE: Years 18 Months 9 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Walkersville-Frederick-Md
 (Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business

FATHER 12. Name Carl R. Hamilton, Sr.
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Nettie C. Rhoades
 15. Birthplace Frederick County Maryland

16. Informant Carl R. Hamilton, Sr.Address Ijamsville, Md. - Rural

17. Burial Date thereof 5/21/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel CemeteryLocation Near Libertytown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 20 May 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION About

20. DATE OF DEATH May 18 19 47, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19 47 to May 18 19 47
 and that I last saw him live on May 18 19 47

Immediate cause of death

Fracture of skull
laceration of brain

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

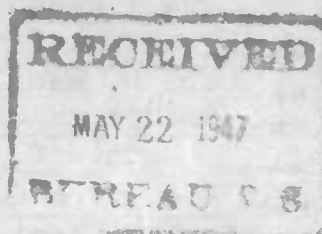
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 18 47Where did injury occur? In Urbana Frederick Md
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. write 2 x 0Means of injury ShovelInjured at work? no23. SIGNATURE P. W. BarrAddress Frederick Date signed 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04028

Reg. Dist. No. 137

1. PLACE OF DEATH: County... <u>Fredrick</u> City or town... <u>Union Bridge</u> (If outside city or town limits, write RURAL and give nearest town) <u>Rural</u> How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Fredrick</u> City or town... <u>Union Bridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No... (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>Frank Hartsock</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Anna C. Hartsock</u>				6. (c) If alive, give age ... years			
7. Birth date of deceased (mo., day, yr.) <u>Nov. 21 - 1871</u>				8. AGE: Years <u>75</u> Months <u>5</u> Days <u>14</u> it less than one day ... hrs. ... min.			
9. Birthplace <u>Fredrick County, Md</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>Retired</u>				12. Name <u>Frank Hartsock</u>			
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Barbara Quillness</u>			
15. Birthplace <u>Maryland</u>				16. Informant <u>Anna C. Hartsock</u> Address... <u>Union Bridge Md. R. R.</u> <u>Bureau</u>			
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof... <u>May 7 - 1947</u> (month) (day) (year) Cemetery or crematory... <u>Not Our Own, Alpha</u> Location... <u>Howard County, Md.</u>				18. Funeral director <u>H. H. Hartsock & Sons</u> Address... <u>Union Bridge Md</u>			
19. (Date rec'd by registrar) <u>May 8 - 1947</u>				20. DATE OF DEATH <u>May 5</u> 19 <u>47</u> , at <u>9 A.</u> M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 5</u> 19 <u>47</u> to <u>May 5</u> 19 <u>47</u> and that I last saw him alive on <u>May 5</u> 19 <u>47</u> Immediate cause of death... <u>Coronary Thrombosis</u> DURATION Due to... Due to... Other conditions... (Include pregnancy within 3 months of death) Major findings of operations... Date of op... Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide... Date of... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
23. SIGNATURE <u>J. H. Legg</u> Address... <u>Union Bridge</u> M. D. or other Date signed... <u>5-5-47</u>				24. Registrar <u>W. H. Legg</u> Address... <u>Union Bridge</u>			

RECEIVED

MAY 15 1947

BUREAU 98

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week
 Hospital, institution, or street address where death occurred

Frederick Memorial Hospital

How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick B. H. 2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rural
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Amie M. Heffner

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Dermott E. Heffner

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Aug. 7 - 1894

8. AGE:

Years 52 Months 9 Days 13 hrs. min.

9. Birthplace

Carroll County, Md
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal) Which

Cemetery or crematory

Location

18. Funeral director

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 20, 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11, 1947 to May 20, 1947

and that I last saw him alive on May 19, 1947

Immediate cause of death Acute Myocarditis

DURATION

Due to Gangrene gall bladder

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Legg

M. D. or other

Address Maryland

Date signed 5-20-47

21-May-47

Eligible & Hech

Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 22 1947
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **04030** **139**

1. PLACE OF DEATH:

County.....**Frederick**
City or town.....**State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....**Since 11/13/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution?.....**Since 11/13/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....**Maryland** County.....
City or town.....**Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **2803 Mosher St.**
(If rural, give LOCATION)
2.(a) If veteran, name war.....✓

3. (a) FULL NAME

Elmer Hild

3. (b) Social Security Number

216-09-0424

4. Sex.....**Male**
5. Color or race.....**White**
6.(a) Single, married, widowed, or divorced.....**Married**

6.(b) Name of ~~XXXX~~ wife.....**Mattie E. Hild**
6.(c) If alive, give age.....**67** years

7. Birth date of deceased (mo., day, yr.).....**January 21, 1878**

8. AGE: Years.....**69** Months.....**3** Days.....**28**
If less than one day.....hrs.min.

9. Birthplace.....**Shane, Maryland**
(Town, county, and state)

10. Usual occupation.....**Guard**

11. Industry or business.....

MOTHER FATHER 12. Name.....**Jacob A. Hild**

13. Birthplace.....**Baltimore County, Md.**

14. Maiden name.....**Mary L. Gemmill**

15. Birthplace.....**Baltimore County, Md.**

16. Informant.....**Deceased**

Address.....

17. **Burial** Date thereof.....**5/22/47**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery.....**Zion**

Location.....**Zion, Pennsylvania**

18. Funeral director.....**George L. Beyers, Jr.**

Address.....**1512 Hollins St., Baltimore, Md.**

19. **May 20** 19**47**
(Date rec'd by registrar) Registrar.....**J. D. [Signature]**

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**May 19** 19**47** at **10:50 P**M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 13 19**46** to **May 19** 19**47**
and that I last saw him alive on **May 19** 19**47**

Immediate cause of death.....**Pulmonary Tuberculosis**
DURATION.....**12 Mos.**

Due to.....

Due to.....

Other conditions.....**Diabetes Mellitus**
(Include pregnancy within 3 months of death) **6 Mos.**

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....**R. B. [Signature]** M. D. ~~XXXX~~

Address.....**State Sanatorium, Md.** Date signed.....**5/20/47**

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 22 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

04031

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 25 W. Saint St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Shirley Ann Holland

3. (b) Social Security Number

none4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced ✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 19 - 19478. AGE: Years 0 Months 0 Days 2 If less than one day 30 hrs. min.9. Birthplace Emergency Hospital
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Worren Edward Brown13. Birthplace Hagerwell Maryland14. Maiden name Shirley Holland15. Birthplace Frederick Maryland16. Informant Emergency Hospital RecordsAddress Frederick Co. Maryland17. Burial cremation, or removal. Which? Date thereof 5/21/47
(month (day) (year))Cemetery or crematory Montrose CemLocation Montrose - Frederick Co. Md.18. Funeral director Geo M. Wachter, Supt.Address Montrose - Frederick Co. Md.19. 21-May 19 47 Elizabeth H. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 47 at 17 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 19 47 to May 21 19 47 and that I last saw him alive on 19Immediate cause of death Atelectasis

DURATION

30 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hanna M. D. or otherAddress Frederick Md Date signed 5/21/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 24 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 1316
 04032
 132
 Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick
 City or town... Dahlen - 'Rural'
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Middleton R-1
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Dahlgren - 'Rural'
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Middleton md. R-1
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no

3. (a) FULL NAME

Alice Amanda Hutzell

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Jonas S. Hutzell
 7. Birth date of deceased (mo., day, yr.) February - 18 - 1861
 8. AGE: Years 86 Months 2 Days 29 If less than one day
hrs. min.

9. Birthplace Fred. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name No Record

13. Birthplace "

14. Maiden name Mary - Reiden

15. Birthplace Fred. Co. Md.

16. Informant Russell Hutzell

Address Boonsboro md. R. 2

17. (Burial, cremation, or removal, Which?) Burial Date thereof May 20, 1947
 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro md.

18. Funeral director Wm. J. Best & Sons

Address Boonsboro md.

19. May 20 1947 Marie Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1947 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14 1947 to May 17 1947

and that I last saw co. alive on May 17 1947

Immediate cause of death Chronic Poisoning -

Chronic Nephritis

Due to Chronic Nephritis

Due to Chronic Nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. Herbert Reiden M.D.

Address Boonsboro, Md.

Date signed 5-19-47

DURATION

4 Days
4 Days

RECEIVED

JUN 2 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04033 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

210 East Church St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 210 East Church St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Virginia Estelle James

3. (b) Social Security Number

4. Sex female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Edward James6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) June 7 18668. AGE: Years 80 Months 10 Days 24 If less than one day hrs. min.9. Birthplace Carenton Manor, Frederick Co. Md
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name John Alfred Staley13. Birthplace Frederick Co. Md14. Maiden name Marietta Shook15. Birthplace Frederick Co. Md16. Informant Edward JamesAddress Frederick Md17. Burial Date thereof 5/3/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md18. Funeral director Harry E. Cart, CoAddress Frederick, Md.19. 3-May 1947
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1947 at 11:30 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 1947 to May 1 1947and that I last saw her alive on May 1 1947

Immediate cause of death

Acute Coronary ThrombosisDURATION 1 1/2 wks

Due to

Due to ArteriosclerosisOther conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

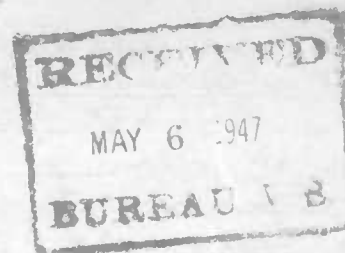
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.Address Frederick, Md. Date signed 5/2/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
City or town Woodsboro (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Woodsboro (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Robert L Keeney

3. (b) Social Security Number

217-18-8359

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife Ala. Beard
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Nov 10 1881

8. AGE: Years 65 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
(Town, county, and state)

10. Usual occupation Lab

11. Industry or business

12. Name James E Keeney

13. Birthplace Frederick County

14. Maiden name Sarah E Biddinger

15. Birthplace Frederick County

16. Informant James Keeney

Address Waldersville

17. Burial Date thereof May 18 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill

Location Woodsboro

18. Funeral director L. C. Barton

Address Waldersville, Md

19. May 17 1947 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1947 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him live on May 16 1947

Immediate cause of death Coronary occlusion DURATION 1 hour

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. W. Bon D. W. Med.
Ex.

M. D. or other _____

Address Frederick, Md Date signed May 16, 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

INVESTIGATION OF CAUSE OF DEATH

DATE OF DEATH

RECEIVED
JUN 3 1947
BUREAU OF V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04035

134

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Emmitsburg, Md, R.D.#1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Eight weeks
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg, R.D.#1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Archie Jesse King

3. (b) Social Security Number

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Sarah Ellen (Bartley) King
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 23, 1863
 8. AGE: Years 83 Months 6 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace Lebanon County, Va.
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business
 12. Name Joseph King
 13. Birthplace Russel Co, Va.
 14. Maiden name Sarah Wythe
 15. Birthplace Russel Co, Va.

16. Informant Mrs. John Trent
 Address Emmitsburg, Md, R.D.#1
 17. burial Date thereof May 14, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Mt. View Cemetery
 Location Emmitsburg, Md.

18. Funeral director A. L. Allison
 Address Emmitsburg, Md.

19. May 13 19 47 M. R. Shuff
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1947 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11, 1947 to 1947
 and that I last saw him alive on 1947

Immediate cause of death acute Coronary thrombosis
 DURATION

Due to Patient was dead when I arrived
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Dr. W. Henderson M. D. or other _____
 Address Fairfield, Pa. Date signed 5-12-47

UNITED STATES DEPARTMENT OF JUSTICE

ATTORNEY GENERAL

RECEIVED

MAY 17 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **131**

1. PLACE OF DEATH:

County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Life**
Hospital, institution, or street address where death occurred:
700 Motter Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **700 Motter Avenue**
(If rural, give LOCATION)
2. (a) If veteran, name war **None**

3. (a) FULL NAME

CHARLES RALPH KLINE

3. (b) Social Security Number

4. Sex **M** 5. Color or race **W** 6. (a) Single, married, widowed, or divorced **M**
6. (b) Name of husband or wife **Clare Huber**
6. (c) If alive, give age **36** years
7. Birth date of deceased (mo., day, yr.) **August 4, 1905**
8. AGE: Years **41** Months **9** Days **6** If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 10th, 1947, at 4 P. M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 5th 1947** to **May 10th 1947** and that I last saw him alive on **May 10th 1947**

Immediate cause of death **Coronary Thrombosis**
Due to **arteriosclerosis**
Duo to **1 year**

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE **F. H. Hedger** M. D.
Frederick, Maryland
Date signed **5-12-47**

9. Birthplace **Frederick-Frederick-Maryland**
(Town, county, and state)
10. Usual occupation **Mail Carrier**
11. Industry or business **Local U. S. Post Office**
12. Name **Charles G. Kline**
13. Birthplace **Frederick County Maryland**
14. Maiden name **Mary J. Esworthy**
15. Birthplace **Frederick County Maryland**
16. Informant **Mrs. Clare Kline**
Address **700 Motter Ave., Frederick, Md.**
17. Burial **Mount Olivet Cemetery**
Date thereof **5/13/47**
(Burial, cremation, or removal: Which?) _____ (month) (day) (year)
Cemetery or crematory **Frederick, Maryland**
Location _____
18. Funeral director **M. R. Etchison and Son**
Address **Frederick, Maryland**
19. **12 May 1947** **Elizabeth G. Heck**
(Date rec'd by registrar) _____ Registrar

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completed age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04037

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
231 East Fifth Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 231 East Fifth Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

IRVING CHESTER KNILL

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Nellie Miller
6. (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) September 17, 1888
8. AGE: Years 58 Months 8 Days 4 If less than one day
.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business

FATHER 12. Name Michael Knill
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Ellen Carty
15. Birthplace Frederick County Maryland

16. Informant Mrs. Nellie Knill
Address 231 E. 5th St., Frederick, Md.

17. Burial Date thereof 5/24/47
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland.

19. 23 May 19 47 Elizabeth L. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st, 1947 at 4:15P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18th 1947 to May 21 1947
and that I last saw him alive on May 21st 1947

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis
Due to 8 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Hegn M. D.
Frederick, Maryland
Address Date signed 5-23-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 24 1947
BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04038

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) if veteran, name war _____

3. (a) FULL NAME

Vernon Joshua Koontz

3. (b) Social Security Number

214-16-0456

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Cora Koontz6.(c) If alive, give age 61 years

7. Birth date of

deceased (mo., day, yr.)

March 26, 1889

8. AGE:

Years

Months

Days

If less than one day

58124

hrs.

min.

9. Birthplace

New Windsor, Carroll Co., Md.
(Town, county, and state)

10. Usual occupation

Day Laborer

11. Industry or business

12. Name Milton Koontz13. Birthplace New Windsor, Md.14. Maiden name Anna Snook15. Birthplace New Windsor16. Informant Anna KoontzAddress Frederick, Md.17. Burial Date thereof 5-23-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairmont CemeteryLocation Libertytown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. 22 May 1947 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 May 1947 at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10:00 1946 to 20 May 1947and that I last saw him alive on 19 May 1947Immediate cause of death HEMORRHAGE DUE TO RUPTURE INTO BRONCHUS OF

DURATION

1 minDue to ANEURYSM ARCH 3 YRSASCENDING AORTADue to TERTIARY SYPHILIS 25 YRS

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James E. Stoner Jr. MD M. D. or otherAddress Wallerstown Md Date signed 21 May 47

RECEIVED

MAY 27 1947

BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 30 years
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution?..... 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
no
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Calvin C. Livingston

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... January 12, 1860

8. AGE: Years..... 87 Months..... 4 Days..... 10 If less than one day..... hrs. min.

9. Birthplace..... Penna.
 (Town, county, and state)

10. Usual occupation..... Retired School Teacher

11. Industry or business.....

FATHER 12. Name..... not known
 13. Birthplace..... Penna.

MOTHER 14. Maiden name..... not known
 15. Birthplace..... Penna.

16. Informant..... Mrs. Thomas M. Danner
 Address..... 15 E. South St, Fredk, Md.

17. Burial..... Burial Date thereof..... 5/24/47
 (Burial, cremation, or removal-Which?) (month) (day) (year)
 Cemetery or crematory..... Mt. Olivet Cemetery

Location..... Frederick, Md.

18. Funeral director..... M.R. Etchison and Son
 Address..... Frederick, Md.

19. 23 May 19..... Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 22 19..... 47 at..... 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1 19..... 46 to..... May 22 19..... 47
 and that I last saw him alive on..... May 21 19..... 47

Immediate cause of death..... Chronic Nephritis

DURATION

5 years.

Due to.....

Due to.....

Other conditions..... Arterio-Sclerosis 10 years.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard Thomas J. M.P.

Address..... Frederick, Md. Date signed..... 5/23/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 26 1947

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04040

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue
 How long in hospital or institution? 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Claretta L. Long

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Isaac Long

7. Birth date of deceased (mo., day, yr.)

March 9, 1858

6. (c) If alive, give age

8. AGE: Years Months Days If less than one day

89 2 1 hrs. min.

9. Birthplace

Middletown Frederick Co Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER 12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 12 May 1947

(Date rec'd by registrar)

1947

Elizabeth G. Hark

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 10, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 2, 1947, to May 10, 1947

and that I last saw him alive on May 9, 1947

Immediate cause of death

Chronic Myocarditis

DURATION

6 mo. +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

5/12/47

Handwritten notes at top left, including "M4" and "116.59".

Handwritten notes at top right, including "116.59".

Handwritten notes below top right, including "116.59".

Handwritten notes in middle left, including "116.59".

Handwritten notes in middle right, including "116.59".

Stamp area with "RECEIVED" and "MAY 15 1947".

Handwritten notes at bottom right, including "116.59".

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

77c 04041 141

Reg. Dist. No. 141

FILE No. G 110 JUN 30 1947 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yrs

Hospital, institution, or street address where death occurred:
405 Walnut St

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Walnut St
(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (a) FULL NAME

Paul Lewis Lowry

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife —

8. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 29 1904

8. AGE: Years 42 Months 11 Days 29 If less than one day — hrs. — min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1947 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1947 to May 29 1947 and that I last saw him alive on May 28 1947

Immediate cause of death Acute Hemorrhage

DURATION 3 days

Due to Acute Alcoholism 2 wks.

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE W.B. Carpenter M. D. —

Address Lowellville, Va. Date signed 5/29/47

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation B & O R.R. Transfer Dept

11. Industry or business Transportation

12. Name David Sherman Lowry

13. Birthplace Pa.

14. Maiden name Lillie May Everhart

15. Birthplace md.

16. Informant David S. Lowry
Address Brunswick Md.

17. Burial Date thereof May 31, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Reformed

Location Knottville Md

18. Funeral director C. A. Leach & Bros
Address Brunswick Md.

19. May 29 47 Kathryn N. Brown
(Date rec'd by registrar) (Signature) Registrar

RECEIVED

JUN 2 1947

BUREAU 78

Evidence for change of county
of usual residence shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04042

FILE No. G 110 MAY 19 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County.....
City or town.....
State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 9/11/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 9/11/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Talbot
County..... Queen Anne
City or town..... Queen Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ambrose Lucas

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
6. (b) Name of husband or wife
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) September 27, 1862
8. AGE: Years 84 Months 7 Days 4 hrs. min.

9. Birthplace Queen Anne Co., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
12. Name William D. Lucas
13. Birthplace Queen Anne Co., Md.
14. Maiden name Louise Jones
15. Birthplace Queen Anne Co., Md.

16. Informant
Address
17. Burial Date thereof May 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greensboro cem.
Location Greensboro, Md.
18. Funeral director Mr. L. Beager & Son
Address Thurmont, Md.
19. May 1 19 47
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 47 at 1:10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11 19 46 to May 1 19 47
and that I last saw him alive on May 1 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 19 Mos.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Bacon M. D. EXAM
Address State Sanatorium, Md. Date signed 5/1/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 3 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: Fredricks
County.....
City or town..... New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Md County..... Fredricks
City or town..... New Market
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Alan Lois McFarland

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 25- 1945

8. AGE: Years Months Days If less than one day
2 1 3 hrs. min.

9. Birthplace..... Ashtabula Ohio
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Harry F. McFarland

13. Birthplace..... Ohio

14. Maiden name..... Hattie L. Curtis

15. Birthplace..... Ohio

16. Informant..... Harry F. McFarland

Address..... New Market Md

17. Burial Date thereof..... May 31- 47
(Burial, cremation or removal, which?) (month) (day) (year)

Cemetery or crematory..... Mt Olivet Cem

Location..... Fredricks Md

18. Funeral director..... M. R. Etchison & Son

Address..... Fredricks Md

19. May 29 19 47 Lucian K. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 28 19 47 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 19 47 to May 28 19 47 and that I last saw him alive on May 28 19 47

Immediate cause of death.....

Acute nephritis

DURATION

3 days

Due to.....

Whooping cough

18 days

Due to.....

Other conditions..... Broncho-pneumonia

2 days

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Ernest P. Roup

Address..... New Market Md M. D. or other

Date signed..... 5-29-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1947
BUREAU T.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Burkettsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Burkettsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Carrie S Middlekauff

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife William Middlekauff
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 18 1870
 8. AGE: Years 77 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business home
 12. Name Marion Stipes
 13. Birthplace West Virginia
 14. Maiden name Carrie Cleveland
 15. Birthplace West Virginia

16. Informant Mrs Annie Hightman
 Address Burkettsville Md.
 17. Burial Date thereof May 19 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill
 Location Hagerstown Md.
 18. Funeral director L. H. Futer & Son
 Address Brunswick Md.

19. May 17 1947 Kathryn H. Brown
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

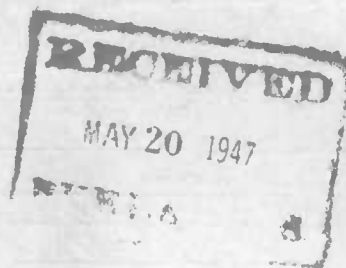
20. DATE OF DEATH May 17 1947 at 5:30 am
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1947 to May 17 1947
 and that I last saw her alive on May 12 1947
 Immediate cause of death Cerebral Hemorrhage
Chronic Hypertension
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE L. W. Carpenter M. D. or other
Lowell Smith, Jr. Date signed 5/17/47
 Address _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04045

94a

134

1. PLACE OF DEATH: *Emmitsburg Md.*
 County.....
 City or town.....*Emmitsburg, Frederick County*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*63 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....*not in hospital*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Maryland* County.....*Frederick*
 City or town.....*Emmitsburg, Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*220 West Main St.*
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Groen Janet Beckersmith Miller

3. (b) Social Security Number

4. Sex.....*Female* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Widowed*
 6. (b) Name of husband or wife.....*Edgar Allen Miller*
 Deceased..... 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....*Sept. 20 - 1884*
 8. AGE: Years.....*62* Months.....*7* Days.....*25* If less than one day..... hrs. min.

9. Birthplace.....*Frederick Co., Md.*
 (Town, county, and state)
 10. Usual occupation.....*Housewife*
 11. Industry or business.....*Housework*
 12. Name.....*Josephus Beckersmith*
 13. Birthplace.....*Frederick Co., Md.*
 14. Maiden name.....*Mary Elizabeth Bollinger*
 15. Birthplace.....*Frederick Co., Md.*

16. Informant.....*Mrs. Carrie E. Zuby, (Daughter)*
 Address.....*North 1st St. Arlington, Va.*
 17. Burial.....*Burial* Date thereof.....*May 18, 1947*
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory.....*First View Cemetery*
 Location.....*nr. Emmitsburg, Md.*
 18. Funeral director.....*C. D. Jones & Son*
 Address.....*Laneytown, Md.*

19. *May 17* 19 *47* *M. F. Shuff*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*May 15 -* 19 *47*, at *11:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 11 - 19 *46* to *May 15 -* 19 *47*
 and that I last saw him alive on *May 15 -* 19 *47*

Immediate cause of death.....

Coronary Occlusion

DURATION

Due to.....*arteriosclerosis**10 years*

Due to.....

Other conditions.....*Chronic Pharyngitis*
Arthritis - Chronic Bronchitis
 (Include pregnancy within 3 months of death)

*20 years*Major findings of operations.....*no operation*

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE.....*George H. Riggs Md* M. D. or other

Address.....*Emmitsburg, Md.* Date signed.....*5-16-1947*

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED

MAY 21 1947

BUREAU OF VITAL STATISTICS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Q4046

1426

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 hrs

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 15 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Keymar
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Louise B. Miller

3. (b) Social Security Number

217-12-1938

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Ray L. Miller

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 8, 19198. AGE: Years 27 Months 11 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co - Maryland
(Town, county, and state)10. Usual occupation Rubber factory worker

11. Industry or business

12. Name Norman Harley13. Birthplace Md.14. Maiden name Pearl L. Stone15. Birthplace Frederick Co - Md.16. Informant Ray L. MillerAddress Keymar, Md.17. Burial Date thereof May 6, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Pleasant Hill CemeteryLocation N. Frederick, Md.18. Funeral director C. O. Guss' SonAddress Janeytown, Md.19. 3 - May 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 47 at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 19 47 to May 3 19 47and that I last saw her alive on May 3 19 47

Immediate cause of death

DURATION

Ruptured Ectopic Pregnancy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE E. P. Thomas M. D. or otherAddress Frederick, Md. Date signed May 3 - 47

RECEIVED

MAY 6 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04047
131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 511 Elm Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

ELIZABETH WILSON MORTON

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife George W. Morton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 20, 1871

8. AGE:

Years

Months

Days

If less than one day

75

8

9

hrs.

min.

9. Birthplace Puseyville-Lancaster-Pennsylvania

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name George D. Pusey

13. Birthplace Lancaster County Pennsylvania

MOTHER

14. Maiden name Mary Jane Ferguson

15. Birthplace Lancaster County Pennsylvania

16. Informant W. Dare Morton

Address 518 Magnolia Ave., Frederick, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof 5/31/47

(month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Lewisville-Cecil County Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 29 May 19 47

(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 19 47 at 11:20A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 8 19 47 to May 29 19 47

and that I last saw him alive on May 29 19 47

Immediate cause of death intestinal obstruction

DURATION

3 days

Due to Complication of intestinal (small)

6 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Brown

M. D.

M. D. or other

Address Frederick, Maryland

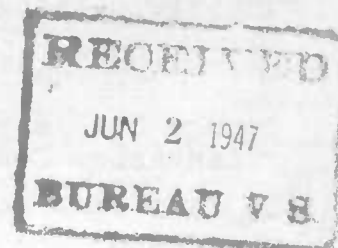
Date signed 5-29-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

85

04048

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH

County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war Spanish American

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 18768. AGE: Years 70 Months 4 Days 25 hrs. _____ min.9. Birthplace Burkettville, Fredk Co. Md.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Retired12. Name Richard M. Myers13. Birthplace Frederick Co. Md.14. Maiden name Agnes P. Hitzelberger15. Birthplace Baltimore Md.16. Informant Dr. Thomas P. MyersAddress Libertytown, Md.17. Burial, cremation, or removal: Which? Date thereof May 10, 1947
(month) (day) (year)Cemetery or crematory St. PetersLocation Libertytown, Md.18. Funeral director Bowdell & HartleyAddress 2 Woodsboro, Md.19. 5-9 47 deceased
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1947 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____
and that I last saw him live on May 8 1947Immediate cause of death Emphysema

DURATION

15 min

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

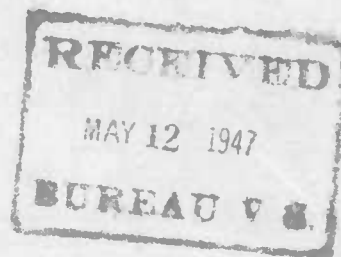
Means of injury _____

Injured at work? _____

23. SIGNATURE P. W. Boer

M. D. or other

Address Frederick Date signed May 8 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1276

04049

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Sandy Hook
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

None

3. (a) FULL NAME

Ulysses Perry Nelson

3. (b) Social Security Number

705-09-76144. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Anna Violet Dailey6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) January 2, 18808. AGE: Years 67 Months 4 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Washington County, Maryland
(Town, county, and state)10. Usual occupation Conductor (Retired)11. Industry or business B. & O. Railroad12. Name William Henry Nelson13. Birthplace Maryland14. Maiden name Eliza Jane Ross15. Birthplace Strasburg, Virginia16. Informant Mrs. Anna V. NelsonAddress R.F.D. # 1, Knoxville, Md.17. Burial Burial Date thereof May 11, 1947
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Ebenezer CemeteryLocation Loudoun County, Virginia18. Funeral director Melvin T. StitzerAddress Charles Town, West Va.19. 10 May 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

E.S.T.

20. DATE OF DEATH May 9, 1947 at 0110A AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1947, to May 9 1947and that I last saw him alive on May 9 1947

Immediate cause of death

DURATION

Pneumonia Embolus

Due to

Due to

Other conditions

Reptured SB. Sen Pericarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Reptured SBDate of op. May 3-47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE EP Thomas M. D. or otherAddress Frederick Date signed May 10

MARGIN RESERVED FOR BINDING

WS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1490

CERTIFICATE OF DEATH

04050
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
City or town Burkittsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ✓

2.(a) If veteran, name war. _____

3. (a) FULL NAME

Margaret Lee Alberta Olden

3. (b) Social Security Number

✓4. Sex ♀ 5. Color or race w 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Nov. 7, 19468. AGE: Years 0 Months 6 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Burkittsville, Frederick Co, Md.
(Town, county, and state)10. Usual occupation ✓

11. Industry or business _____

12. Name Robert Olden13. Birthplace Burkittsville14. Maiden name Eileen Travis15. Birthplace Middletown16. Informant Robert OldenAddress Burkittsville17. Burial Date thereof May 17, 1947
(Burial, cremation or removal) (month) (day) (year)Cemetery or crematorium Church of God CemeteryLocation Burkittsville18. Funeral director Gladhill CoAddress Middletown, Md.19. 17-May 1947 Elizabeth H. Hed
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1947 at 3:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1947 to May 15 1947 and that I last saw him alive on May 15 1947Immediate cause of death Cerebral edema - Meninges DURATION 16 hrs
ConvolutionsDue to Intermittent Tachycardia 2 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Jefferson M. D. or other _____Address _____ Date signed 5/16/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 22 1947

BUREAU 7 B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

04051

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 10/1/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 10/1/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 407 Wailes St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Thelma Parsons

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband M. B. Parsons

6.(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) October 22, 1922

8. AGE: Years 24 Months 6 Days 14 If less than one day
.....hrs.min.

9. Birthplace Eden, Maryland
(Town, county, and state)

10. Usual occupation Telephone Operator

11. Industry or business

12. Name Walter T. Adkins

13. Birthplace Parsonburg, Maryland

14. Maiden name Daisy E. Willy

15. Birthplace Eden, Maryland

16. Informant Mrs. Daisy E. Adkins (Mother)

Address 407 Wailes St., Salisbury, Md.

17. Burial Date thereof May 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. May 6 19 47

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 47 10:25A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1 19 46 to May 6 19 47

and that I last saw him/her alive on May 6 19 47

Immediate cause of death Pulmonary Tuberculosis

DURATION

27 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. Baccin

M. D. XXXX

Address State Sanatorium, Md. Date signed 5/6/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 7 1947
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04052

460x

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 59 yrs

Hospital, institution, or street address where death occurred:

Braddock - Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Braddock - Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clarence M. Phleeger

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Fannie Phleeger6.(c) If alive, give age 29 years7. Birth date of deceased (mo., day, yr.) August 24, 1865

8. AGE:

Years

Months

Days

It less than one day

81819

hrs.

min.

9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)10. Usual occupation Retired School Teacher

11. Industry or business

FATHER

12. Name Frederick K. Phleeger13. Birthplace Middletown, Md.

MOTHER

14. Maiden name Lucinda Abalt15. Birthplace Middletown, Md.16. Informant Ida K. PhleegerAddress Braddock Md.17. Burial Date thereof 5-15-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Deethill Co.Address Middletown, Md.19. 14 May 1947 Elizabeth G. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1947 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 1947, to May 13 1947and that I last saw him alive on May 13 1947

Immediate cause of death

Congestive heart failure with hypertension

DURATION

6 mo. +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bo Thomas M. D. or other
Frederick, Md Date signed 5/14/47

RECEIVED

MAY 17 1947

BUREAU C. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04053

836

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 weeks
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 138 W. Second St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Maggie Price

3. (b) Social Security Number
☒

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Howard W. Price
deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) MARCH 13, 1877
 8. AGE: Years 70 Months 1 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace CARROLL Co. Maryland.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name George E. Bair
 13. Birthplace MARYLAND.

MOTHER 14. Maiden name Annie M. Rigler
 15. Birthplace MARYLAND.

16. Informant Mr. R. Oliver Price
 Address 138 W. 2nd St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 5-13-47
 (month) (day) (year)

Cemetery or crematory Taylorville
 Location Taylorville Carroll Co. Md.

18. Funeral director E. M. Walters
 Address Winfield, Md.

19. 10 May 1945
 (Date rec'd by registrar) Registrar Elizabeth G. Hecks

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1947 at 7p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 1 1946 to May 10 1947
 and that I last saw her alive on May 10 1947

Immediate cause of death Cerebral thrombosis
 DURATION 8 hrs.

Due to Arterio-sclerosis 5 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas Jr. M.D.
228 N. Market St. Fred M. D. or other 5/10/47
 Address _____ Date signed _____

RECEIVED
MAY 13 1947
BUREAU 8

POC 93d MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04054

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution: Since October 17, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

EDWARD ROBERTS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Laura (last name unknown)

7. Birth date of October 3, 1865 6. (c) If alive, give age years

8. AGE: Years 81 Months 6 Days 29 If less than one day
.....hrs.min.

9. Birthplace Fairhaven, Vermont
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Pierce Roberts

13. Birthplace Wales, England

14. Maiden name Jennete (last name Unknown)

15. Birthplace Wales, England

16. Informant I. O. O. F. Home Records

Address R.F.D.#1, Frederick, Md.

17. Burial Date thereof 5/5/47
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or burial Parkwood Cemetery

Location Baltimore, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 2 May 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd, 1947 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1947 to May 2, 1947

and that I last saw him alive on May 1, 1947

Immediate cause of death Chronic Myocarditis DURATION 3 years

Due to X

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations X

Date of op. X

Autopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Smith M. D.

Address Frederick, Maryland Date signed 5-2-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 6 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:

Visitation Cemetery
 How long in hospital or institution? 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. East 3rd St
 (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Catharine D. Rowan (Sister Mary Patricia)

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Hubert (Rowan)

deceased 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1872

8. AGE: Years 74 Months 6 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Livingstone, N.Y.
 (Town, county, and state)

10. Usual occupation none

11. Industry or business Sister of Visitation

12. Name Patricia Stoner

13. Birthplace Ireland

14. Maiden name Bridget Quintan

15. Birthplace Ireland

16. Informant Visitation's records

Address Frederick, Md

17. Buried Date thereof 5/14/47
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Buried Visitation Cemetery

Location Frederick, Md

18. Funeral director Harry E. Cant Co

Address Frederick, Md.

19. 13 May 19 47 Elizabeth H. Heath
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 47, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 47, to May 12 19 47.

and that I last saw him alive on May 12 19 47.

Immediate cause of death Cerebral Hemorrhage DURATION 3 days

Due to arterio sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm M. Smith M. D. or other _____

Address Frederick, Md. Date signed 5-13-47

RECEIVED
MAY 14 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

04056

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/8/43
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/8/43

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 619 N. Lakewood Ave.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Schmidt

3. (b) Social Security Number

216-07-4880

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteMarried6.(b) Name of ~~deceased~~ wife Emma Schmidt

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 25, 18798. AGE: Years Months Days If less than one day
68 2 29 _____ hrs. _____ min.9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Shoe Salesman

11. Industry or business _____

FATHER 12. Name Eckhardt Schmidt13. Birthplace GermanyMOTHER 14. Maiden name Margaret Becker15. Birthplace Baltimore, Maryland16. Informant Deceased

Address _____

17. Burial Date thereof 5/28/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery Immanuel Lorraine cem.Location Baltimore, Maryland18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland19. May 26 47 J. D. Ann
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 47 at 10:55 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 19 43 to May 24 19 47
and that I last saw him alive on May 24 19 47Immediate cause of death Pulmonary Tuberculosis DURATION 54 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

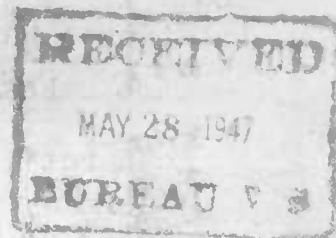
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Baccin M. D. XAddress State Sanatorium, Md. Date signed 5/26/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

04057

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 28, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 24 South Market Street
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

WILLIAM HAROLD SCOTT, JR.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Doris Ifert6. (c) If alive, give age 21 years7. Birth date of deceased (mo., day, yr.) November 15, 1922

8. AGE: Years 24 Months 6 Days 14 If less than one day
hrs.min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Bartender

11. Industry or business

FATHER 12. Name William H. Scott, Sr.13. Birthplace Baltimore, MarylandMOTHER 14. Maiden name Madelon C. Knipple15. Birthplace Baltimore, Maryland

16. Informant Mrs. Doris Scott
 Address Middletown, Maryland

17. Burial Date thereof 6/2/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 2 June 1947 Elizabeth B. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th, 1947 at 11:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him Dead on May 29 1947
 Immediate cause of death Gun shot wound of abdomen
Shock, hemorrhage

DURATION

3.6 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of May 28th 47

Where did injury occur? Frederick, Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. South St.Means of injury Shot injured at work? no

R. W. Bauer
 23. SIGNATURE DR. R. W. BAER
 M. D. or D. O. DEPUTY MEDICAL EXAMINER

Address Frederick, Md Date signed 6.2.47

RECEIVED

JUN 3 1947

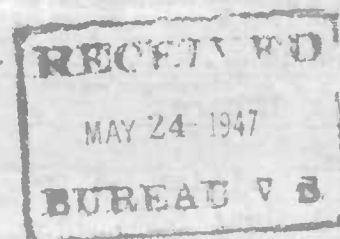
BUREAU

Reg. Dist. No.144.....

Address Frederick Md Date signed 5-1-41

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 25 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

ALICE M. SHARRETTS

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... William F. Sharretts
 6.(c) If alive, give age..... 75 years
 7. Birth date of deceased (mo., day, yr.)..... April 29, 1876
 8. AGE: Years..... 71 Months..... 0 Days..... 28 If less than one day..... hrs. min.

9. Birthplace..... Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name..... Luther Bart
 13. Birthplace..... Maryland
 14. Maiden name..... Margaret Keefer
 15. Birthplace..... Maryland

16. Informant..... William F. Sharretts
 Address..... Mt. Airy, Md.

17. Burial..... 5- 30-47
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... Sams Creek Methodist
 Sams Creek, Carroll Co. Md.
 Location.....
 18. Funeral director..... C. M. Waltz
 Address..... Winfield, Md.

19. 5-21-48 41
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 27, 1947, at 11:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2, 1940, to May 27, 1947, and that I last saw her alive on May 27, 1947.

Immediate cause of death..... Heart trouble (leaking) 8 yrs.
 Due to..... Arteriosclerosis

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Dr. H. Beall M.D.
 Address..... Libertytown Md. Date signed..... 5/28/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

0406031

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Hanson E. Shoemaker

3.(b) Social Security Number

717-07-6789

4. Sex

m

5. Color or race

w

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Dulcie Sunday6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

Feb. 19, 1881

8. AGE:

Years

Months

Days

If less than one day

66312

.....hrs.

.....min.

9. Birthplace

Frederick Co.

(Town, county, and state)

10. Usual occupation

R. R. Track Foreman

11. Industry or business

MOTHER

12. Name

James W. Shoemaker

13. Birthplace

Frederick Co

14. Maiden name

Jeanette Clem

15. Birthplace

Frederick Co.

16. Informant

Mrs. Ourward Kettels

Address

Walkersville, md

17.

Burial

Date thereof

June 4, 1947

(Burial, cremation, or removal, which?)

Cemetery or crematory

Utica Cemetery

Location

at Lewisstown, md.

18. Funeral director

J. C. Barton

Address

Walkersville, md.

19.

3 June19 47

(Date rec'd by registrar)

Elizabeth Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 3119 47at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2019 47to May 3119 47and that I last saw him alive on May 3019 47

Immediate cause of death

Hypertensive Cardio Vascular
Renal Disease

DURATION

Due to

Due to

Other conditions

Uremia

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. E. Costaday

M. D. or other

Address

Walkersville, Md.

Date signed

June 2, 47

RECEIVED BY THE AGENT FOR THE GOVERNMENT

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RECEIVED BY THE AGENT FOR THE GOVERNMENT

RECEIVED
JUN 6 1947
BUREAU 78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

163 M

04061

Reg. Dist. No. 140

1. PLACE OF DEATH

County Frederick
City or town Beltsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Beltsboro (If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Maklon Lewis Slagle

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Laura Elizabeth Flohr 5. (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1915

8. AGE: Years 32 Months 3 Days 26 If less than one day
hrs. min.

9. Birthplace Beltsboro Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel S. Slagle

13. Birthplace Carroll Co. Md.

14. Maiden name Minnie E. Horner

15. Birthplace Littlestown Pa.

16. Informant Mrs. Maklon S. Slagle

Address 2 Woodsboro Md. P.O.

17. Burial Date thereof May 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Hope

Location 2 Woodsboro Md.

18. Funeral director Paul Hartyler

Address 2 Woodsboro Md.

19. May 14 19 47 L C Powell
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 47 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 19 47 to May 13 19 47

and that I last saw him alive on May 13 19 47

Immediate cause of death Asphyxiation DURATION 15 min

Due to Carbon monoxide

Due to suicide

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of May 13, 47

Where did injury occur? Woodsboro, Frederick (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Private road

Means of injury Carbon monoxide Injured at work? no

from his auto exhaust

23. SIGNATURE P.W. Burr Deputy Med Ex

Address Frederick, Md. M. D. or other

Date signed May 13, 47

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

MAY 17 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04062

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Woodlawn P.O.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Woodlawn P.O.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

David Smith

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary Gertrude Smith 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) Apr. 11, 1886
 8. AGE: Years 61 Months 1 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Deer Field Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

Retired
 12. Name John C. Smith
 13. Birthplace Frederick Co. Md.
 14. Maiden name Mary S. Zimmerman
 15. Birthplace Frederick Co. Md.

16. Informant Mrs. David Smith
 Address Woodlawn P.O.

17. Burial Date thereof May 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory United Brethren
Thurmont Md.
 Location Burial

18. Funeral director Burial & Hartley
 Address Woodlawn P.O.

19. May 15 1947 L. C. Powell
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1947, at 1:30 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. - 11 1945, to May 4 1947
 and that I last saw him alive on May 14 1947
 Immediate cause of death _____ DURATION _____

Myo-Carditis 3 years
 Due to _____

Due to _____
 Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE E. H. Beall M.D. M. D. or other
 Address Libertytown Date signed May 14/47

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

MEDICAL CERTIFICATE

RECEIVED

MAY 17 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04063

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 years

Hospital, institution, or street address where death occurred:

127 N. Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 127 N. Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM FREDERICK SNYDER

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Florence Walter Snyder6. (c) If alive, give age 81 years

7. Birth date of

deceased (mo., day, yr.)

August 5, 1865

8. AGE:

Years

Months

Days

If less than one day

81911

.....hrs.min.

9. Birthplace Germanstown, Montgomery County, Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name

Jacob F. Snyder

13. Birthplace

Germany

MOTHER

14. Maiden name

Hannah Richter

15. Birthplace

Montgomery County, Md.16. Informant Mrs. Wm. Snyder

Address

Frederick, Maryland17. Burial

(Burial, cremation, or removal, which?)

Date thereof May 18, 1947

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland19. 16 May 19 47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 47, at 6:4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 19 47, to May 16 19 47and that I last saw him alive on May 15 19 47

Immediate cause of death

DURATION

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

MAY 20 1947

BUREAU V S.

ANTHONY L. DEER

W. G. B. C. T. E. N. T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04664

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Doubs
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Doubs
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

FLORENCE TALBOTT SPALDING

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Jacob C. Spalding7. Birth date of deceased (mo., day, yr.) July 17, 1857
6. (c) If alive, give age _____ years

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>9</u>	<u>25</u>	_____ hrs. _____ min.

9. Birthplace Licksville-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Jonathan Talbott13. Birthplace Montgomery County Maryland14. Maiden name Sarah Frances Walter15. Birthplace Montgomery County Maryland16. Informant Miss Gertrude E. TalbottAddress Doubs, Maryland17. Burial Date thereof 5/14/47
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 May 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th, 1947, at 2:20 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 18th, 1947, to May 12th, 1947
and that I last saw him alive on May 2d, 1947Immediate cause of death Cerebral hemorrhage
DURATION 10 daysSuperinduced by fractured rt. hip bone. Tripped over rug and fall in home, Jan. 18, 1947
About 4 mos.Other conditions March 18, 1947, Colle's fracture, due to fall from bed 2 mo (Left arm)
About 4 mos.
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. H. Conley M. D.
C. H. Conley, M. D.
Address Frederick, Maryland Date signed 5-12-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 14 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since May 25, 1941
Hospital, institution, or street address where death occurred:
I. O. O. F. Home
How long in hospital or institution? Since May 25, 1941

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. I. O. O. F. Home
(If rural, give LOCATION)
None
2. (a) If veteran, name war None

3. (a) FULL NAME

CALVIN PAXTON SPANGLER

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 8. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 10, 1871 8. (c) If alive, give age 75 years

8. AGE: Years 75 Months 11 Days 12 If less than one day hrs. min.

9. Birthplace Williamsport-Washington-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Luther R. Spangler
13. Birthplace Williamsport, Maryland

MOTHER 14. Maiden name Margaret E. Essman
15. Birthplace Richmond, Virginia

16. Informant I. O. O. F. Home Records
Address R. F. D. #1, Frederick, Md.

17. Burial 5/24/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Riverview Cemetery
Location Williamsport, Maryland
M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 23 May 1947 Elizabeth G. Heach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd, 1947 at 9:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1947 to May 22, 1947
and that I last saw him alive on May 22, 1947

Immediate cause of death Chronic myocarditis DURATION 6 months
acute dilatation of heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith M. D.
M. D. or other

Address Frederick, Maryland Date signed 5-23-47

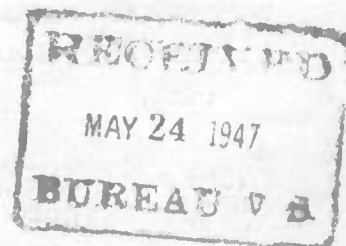
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VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468 x

04066

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

222 East 7th Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 222 East 7th Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SARAH ADA STOCKMAN

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife William M. Stockman6. (c) If alive, give age 79 years

7. Birth date of

deceased (mo., day, yr.)

September 11, 1873

8. AGE:

Years

Months

Days

If less than one day

73816

hrs.

min.

9. Birthplace

Harmony, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Fisher

13. Birthplace

Nr. Myersville, Md.

MOTHER

14. Maiden name

Ella DeLauter

15. Birthplace

Nr. Myersville, Md.

16. Informant

William M. Stockman

Address

Frederick, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof May 23, 1947
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19.

28 May 47
(Data rec'd by registry)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1947 at 12:15 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 20 1947 to May 27 1947
and that I last saw him alive on May 27 1947

Immediate cause of death

Carcinoma of liver

DURATION

Mo. +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bo Thomas

M. D. or other

Address Frederick Md. Date signed 28 May 47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10000

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

Transmitted

ARTIST'S LEADER

BACK CONTENT

RECEIVED
MAY 29 1947
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Doubs
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John William Talbott

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Almira Davis7. Birth date of deceased (mo., day, yr.) May 7, 18746. (c) If alive, give age 63 years8. AGE: Years 73 Months 0 Days 14 If less than one day
.....hrs.min.9. Birthplace Licksville
(Town, county, and state)10. Usual occupation Freight Agent (Retired)11. Industry or business B and O R.R. Co.FATHER 12. Name Jonothan Talbott13. Birthplace Montgomery Co., Md.MOTHER 14. Maiden name Sarah F. Walter15. Birthplace Montgomery Co., Md.16. Informant William U. TalbottAddress Doubs, Md.17. Burial Date thereof 5/23/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Mt. Olivet CemeteryLocation Frederick, Md.18. Funeral director M.R. Etchison and SonAddress Frederick, Md.19. 23 May 1947 Elizabeth G. Hersh
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Doubs
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1947 at 5:55 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 21 1947 to May 21 1947
and that I last saw him alive on May 21 1947Immediate cause of death Coronary thrombosis?
Barbiturate poisoning
Due to multiple doses
he died

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. O. Thomas M. D. or otherAddress Frederick, Md. Date signed 5/23/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 26 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *93-a*

CERTIFICATE OF DEATH

04068
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

202 College Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 202 College Avenue(If rural, give LOCATION)
None

2. (a) If veteran, name war

3. (a) FULL NAME

C. NEWTON THOMAS.

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Susan Lavenia Mathias

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1853

8. AGE:

Years 94Months 0Days 18

If less than one day

..... hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Christian Thomas13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Mary Elizabeth Kemp15. Birthplace Frederick County Maryland16. Informant Miss Grace A. ThomasAddress 202 College Ave., Frederick, Md.17. Burial Date thereof 5/27/47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 27 May 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th, 1947 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 46 to May 25 19 47
and that I last saw him alive on May 25 19 47

Immediate cause of death

White myocarditis

Due to

Due to

Other conditions

Semile

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

GP Thomas M. D.
Address Frederick, Maryland Date signed 5-26-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 29 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/10/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/10/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 314 Alliance
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Harry Rodgers Trago

3. (b) Social Security Number

179-09-6478

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1893

8. AGE: Years 54 Months 2 Days 0 If less than one day
..... hrs. min.

9. Birthplace Belair, Maryland
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name James W. Trago
13. Birthplace Maryland

MOTHER 14. Maiden name Josephine Rodgers
15. Birthplace Maryland

18. Informant Deceased

Address

11. Burial Date thereof May 16, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Int. Zion Cem.

Location Harford Co. Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. May 13 19 47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 47 at 10:45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 10 19 46 to May 13 19 47
and that I last saw him alive on May 13 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 51 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Beech M. D. XXXX

Address State Sanatorium, Md. Date signed 5/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 16 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04070

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH

County Frederick
 City or town Memoria
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Frederick
 City or town Memoria
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Edith M. Walker

3. (b) Social Security Number

C

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife J. Calvin Walker
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec 26 - 1870
 8. AGE: Years 76 Months 4 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name John D. Beachley
 13. Birthplace MD
 14. Maiden name Edith Van Fossen
 15. Birthplace MD

16. Informant Mrs. Hester Fisher
 Address Memoria MD

17. Burial (Burial, cremation, or removal of remains?) Burial Date thereof May 11 - 1947
 (month) (day) (year)
 Cemetery or crematory Pleasant Hill
 Location Memoria MD

18. Funeral director W. E. Folsom
 Address New Market MD

19. May 10 19 47 Lucian W. Folsom
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 47 at 2 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10, 1946 to May 9, 1947
 and that I last saw him alive on May 9, 1947
 Immediate cause of death Cerebral hemorrhage DURATION 4 hours
Arterio sclerosis 15 years
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ernest P. Roof, MD. M. D. or other
 Address New Market, MD Date signed 5-9-47

MARGIN RESERVED FOR BINDING

VS 415 19-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 514 West South Street
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

GEORGE WASHINGTON WALLACE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of ~~husband~~ or wife Mary Aumen

5. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1863

8. AGE: Years 84 Months 0 Days 20 If less than one day hrs. min.

9. Birthplace Harford County Maryland
(Town, county, and state)
Salesman

10. Usual occupation

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Irene C. Kemp

Address 514 W. South St., Frederick, Md.

17. Burial Date thereof 5/22/47
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Hope Cemetery

Location Woodsboro, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 21-May-47 Registrar Elizabeth G. Heck
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th, 1947 at 5:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 25 1947 to May 19 1947
and that I last saw him alive on May 19 1947

Immediate cause of death

Chronic nephritis with
terminal uremia

DURATION

2 years

Due to

Atherosclerosis

5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Howard Jr. M. D.
M. D. or other

Address Frederick, Maryland Date signed 5-20-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 22 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Walkersville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Kenneth Henry Waters

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mildred Butler

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) September 18 - 1904

8. AGE: Years 42 Months 7 Days 20 If less than one day hrs. min.

9. Birthplace Frederick County
 (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Charles A. Waters

13. Birthplace Frederick County

14. Maiden name Mary Thomas

15. Birthplace Frederick County

16. Informant Mrs. Mary Waters

Address Walkersville, Md

17. Burial Date thereof May 11, 1947
 (Burial, cremation, or removal. Write) (month) (day) (year)

Cemetery or crematory Silver Hill

Location Mt. Pleasant

18. Funeral director E. C. Barton

Address Walkersville, Md

19. 10 May 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Walkersville Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19 47 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and 19 47 at 3 A. M.
 and that I last saw him alive on May 8 19 47

Immediate cause of death Coronary occlusion DURATION minutes

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Bau Deputy Med
Ex.
 M. D. or other _____

Address Frederick, Md. Date signed May 8, 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1947
BY READING

Evidence for the change of
years of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04073

Reg. Dist. No. 141

HM No. G 1 JUN 10 1947 CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Fredenich
City or town Rural Burkittsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 73 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredenich
City or town Rural Burkittsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural South of Burkittsville
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Altie Clara W. Halen

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Geo. A. W. Halen
6. (c) If alive, give age 85 years
7. Birth date of deceased (mo., day, yr.) Dec. 25 1873
8. AGE: Years 73 Months 4 Days 15 If less than one day
hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Homemaker
11. Industry or business None
12. Name Edward J. Holland
13. Birthplace Maryland
14. Maiden name Maryle Belt
15. Birthplace Maryland

16. Informant Mr. Geo. A. W. Halen
Address Burkittsville Md.
17. Burial Date thereof May 13 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory A. M. E.
Location Burkittsville Md.
18. Funeral director C. H. Fisher & Son
Address Burkittsville Md.
19. May 13 1947 Kathryn H. Brom
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1947 at 4:15 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to May 10 1947
and that I last saw him alive on May 12 1947
Immediate cause of death Coronary Occlusion suddenly
DURATION
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? now
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. E. Harp MD M. D. or other
Address Middletown Date signed 5-12-47

(HARP)

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 16 1947

SECRET 13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

176

04074

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
City or town..... near Urbana (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Lifetime
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... near Monrovia (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3.(a) FULL NAME

Charles Francis Wilcom Jr.

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Single</u>

6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) October 13-1930

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>7</u>	<u>3</u>hrs.min.

9. Birthplace..... Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... Farm Laborer

11. Industry or business..... Farm

FATHER 12. Name..... Charles Francis Wilcom

13. Birthplace..... Frederick County Maryland

MOTHER 14. Maiden name..... Catherine Murphy

15. Birthplace..... Frederick County Maryland

16. Informant..... Charles F. Wilcom

Address..... near Monrovia, Maryland

17. Burial..... Date thereof..... May 12-1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C.E.Cline and Son

Address..... Frederick, Maryland

19. 12 May 1947..... Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 10th 1947 at 11:15a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
..... 19..... to..... 19.....
end that I last saw h..... on..... 19.....

Immediate cause of death.....
base of skull fracture of skull? homicide
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of May 10, 1947

Where did injury occur?..... Near Urbana (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Farm

Means of injury..... tractor turned over and crushed him Injured at work?

Signature..... Frederick, Md M. D. or other

Address..... May 11, 47 Date signed

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 13 1947

BUREAU 7 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04075

93d

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 73 years

Hospital, institution, or street address where death occurred:

Visitation Court

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. East 2nd St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Ann Williams (Sister Mary Margaret)

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)June 21 1873

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

73821

hrs.

min.

9. Birthplace

Frederick, Frederick, Md
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

Sister of Visitation

12. Name

James Williams

13. Birthplace

Frederick Md

14. Maiden name

Augusta E. Palmer

15. Birthplace

Frederick, Md

16. Informant

Visitation Court Record

Address

Frederick, Md

17.

Burial
(Burial, cremation, or removal. Write?)

Date thereof

5/14/47
(month) (day) (year)

Cemetery or crematory

Visitation

Location

Frederick Md

18. Funeral director

Harry E. Galt Co

Address

Frederick, Md.

19.

12 May 1947
(Date rec'd by registrar)Elizabeth B. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1947 to May 12 1947and that I last saw him alive on May 12 1947Immediate cause of death Myocarditis

DURATION

2 years

Due to

Due to

Other conditions

acute dilatation heart

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm M. Smith

M. D. or other

Address Frederick Md Date signed 5-12-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 14 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04076

46d x

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
90 Lincoln Apartments
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 90 Lincoln Apartments
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JACOB RANDOLPH WILLIAMS

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Bertha E. Barnes
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 6, 1871
 8. AGE: Years 75 Months 8 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Loudoun County Virginia
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business

FATHER 12. Name Jacob Williams
 13. Birthplace Loudoun County Virginia
 MOTHER 14. Maiden name Ann (last name unknown)
 15. Birthplace Loudoun County Virginia

16. Informant Howard F. Williams
Frederick, Maryland
 Address

17. Burial Date thereof 5/13/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Pleasant Cemetery
 Location Near Lucketts, Virginia

18. Funeral director M. R. Etchison and Son
Frederick, Maryland
 Address

19. 12 May 1947 Elizabeth G. Hecke
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th, 1947, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1947 to May 16 1947
 and that I last saw him alive on May 10 1947

Immediate cause of death Carcinoma of rectum DURATION 3 yrs?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE L. R. Scholtman M. D.
Frederick, Maryland M. D. or other

Address _____ Date signed 5-12-47

RECEIVED

MAY 13 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Garfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Garfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Walter C. Wolfe

3. (b) Social Security Number

see

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie H. Wolfe

7. Birth date of

deceased (mo., day, yr.)

Sept. 20, 1873

6. (c) If alive, give age _____ years

8. AGE:

Years

71

Months

7

Days

21

If less than one day

_____ hrs.

_____ min.

9. Birthplace

Garfield, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Store Keeper

11. Industry or business

FATHER

12. Name

Daniel Wolfe

13. Birthplace

Garfield, Md.

MOTHER

14. Maiden name

Catharine Palmer

15. Birthplace

Garfield, Md.

16. Informant

Willie Wolfe

Address

Myersville, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 13, 1947

(month) (day) (year)

Cemetery or crematory

Mt. Carmel Cemetery

Location

Garfield, Md.

18. Funeral director

W. H. H. Co.

Address

Middleburg, Md.

19.

(Date read by registrar)

May 13, 1947Marie Headliff

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1947, at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10, 1947, to May 11, 1947and that I last saw him alive on May 11, 1947

Immediate cause of death

Coronary Thrombosis

DURATION

Due to arterio-sclerosisDue to Coronary Thrombosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE W. H. H. Co.

M. D. or other

Address Smithsburg, Md. Date signed 5/12/47

1/17 1/17

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1/17 1/17

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MAY 15 1967

1/17 1/17